

181010

## FORM C-AC

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER 2006-214-T DATE July 20<sup>th</sup>, 2006APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Double Down, LLCJUL 27 2006  
PSC 803  
DOCKETING DEPT.

2. (a) Street Address of Applicant

1333 Main St. Suite 700 Columbia, SC 29201

- (b) Mailing address, if different from street address

P.O. Box 1837Columbia, SC 29202

- (c) Telephone Number (803) 744-6871 SS No.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Sole member:Harold V. Pickrel, III 113 Beaver Ridge Dr.  
Elgin, SC 29045

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

935

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 07 Year: 06

<b>Assets:</b>	
Cash	3099.00
Receivables	32,700
Real Estate	27,500
Buildings and Equipment-Net	0
Motor Vehicles-Net	138,000
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	<b>201,299</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	116,000
Notes Payable	27,175
Mortgages Payable	27,568
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>201,299</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>30,556</b>
<b>Total Liabilities and Equity</b>	<b>231,855</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF RichlandI, Harold V. Pickrel, III, Sole member

(Name of Applicant's Representative)

(Title)

of Double Down, LLC, the Applicant for the Certificate of Public (Applicant)  
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
 Application are true and correct.

SWORN TO BEFORE ME

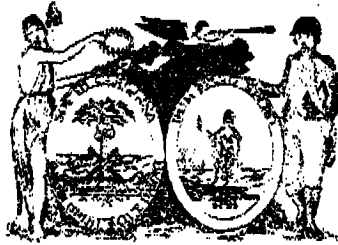
At Richland County, South CarolinaThis the 7th day of June 20 06Monika D. Kaus

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: 5-14-11

# *The State of South Carolina*



## *Office of Secretary of State Jim Miles* **Certificate of Existence**

**I, Jim Miles, Secretary of State of South Carolina Hereby certify that:**

DOUBLE DOWN, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 11th, 2001, with a duration that is until January 11th, 2041, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 11th day of  
January, 2001.

A handwritten signature of Jim Miles in black ink, written over a horizontal line.

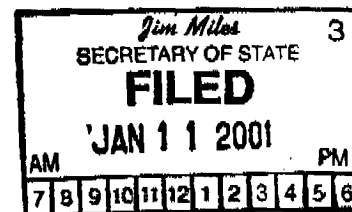
Jim Miles, Secretary of State

**CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE**

**JAN 11 2001**

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**



*[Signature]*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the Code of Laws of South Carolina, 1976, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the Code of Laws of South Carolina, 1976, as amended is: **DOUBLE DOWN, LLC.**
2. The address of the initial designated office of the Limited Liability Company in South Carolina is: **1115 Enclave Way, Columbia, SC 29223**
3. The initial agent for service of process of the Limited Liability Company is: **Harold V. Pickrel, III** and the street address in South Carolina for this initial agent for service of process is: **1115 Enclave Way, Columbia, SC 29223.**
4. The name and address of each organizer is: **Harold V. Pickrel, III, 1115 Enclave Way, Columbia, SC.**
5. ☒ Check this box only if the company is to be a term company. If so, provide the term specified: **40 years.**
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager: **n/a**
7. ☐ Check this box if only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. **n/a**
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time: **n/a**
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement. **None**
10. Signature of each organizer:

*[Signature]*  
**Harold V. Pickrel, III**

Date: January 11, 2001

EXHIBIT C

CLASS C

TAXI

CHARTER

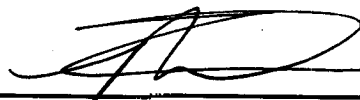
X

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Double Down, LLC

For the transportation of passengers as follows:

Area to be served: Greater Columbia, South Carolina  
and outlying areas in South CarolinaNumber of passengers: Up to 15 passengersFares: Hourly rates based on time, destination + event  
\$300 / hour maximum rateDate June 7, 2006

By

Sole Member

Title



## II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

### Limits of Coverage

15/30/10
40,000
50,000
25/50/10
100,000
50/100/25
250,000
300,000
100/300/50
500,000
250/500/100
500/500/100
750,000
1,000,000

### Amount of Increased Premium

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.) Minimum limits of uninsured motorist coverage are automatically provided by your

67
90
97
87
126
112
165
186
157
227
201
225
265
297

Your Policy's Liability Coverage Limits:  
1,000,000 CSL

Do you wish to purchase additional uninsured motorist coverage? YES ☒ NO ☐ 2428

If your answer is "no," you must then sign here.

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \$1M CSL

## III. OFFER OF UNDERINSURED MOTORIST COVERAGE

### Limits of Coverage

15/30/10
40,000
50,000
25/50/10
100,000
50/100/25
250,000
300,000
100/300/50
500,000
250/500/100
500/500/100
750,000
1,000,000

### Amount of Increased Premium

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

29
39
42
37
54
48
72
81
88
98
87
97
114
127

Your Policy's Liability Coverage Limits:  
1,000,000 CSL

Do you wish to purchase additional uninsured motorist coverage? YES ☒ NO ☐ 2428

If your answer is "no," you must then sign here.

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \$1M CSL

## III. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read - or I have had read to me - the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: 7-21-06

Your Address: 1333 Main St. 7th Floor  
Columbia, SC 29201

**Name:** Double Down, LLC**Address:** 1333 Main St. 7th Floor Columbia, SC 29201**Telephone No.** 803-744-6871 **Fax No.** 803-744-4457**U.S.D.O.T. No.** \_\_\_\_\_**ICC No.** \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory \_\_\_\_\_

Conditional \_\_\_\_\_

Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgement (s) against Applicant?

Yes \_\_\_\_\_ No ☒

(If "yes", indicate nature of judgement (s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me

At 1333 Main St. 7th FloorThis 20th day of July, 2006Monika D. Kaus  
(Notary Public)Commission Expires: 5-14-11

RECEIVED

JUL 25 2006

RECEIVED  
DOCKETING DEPT.

**DOUBLE DOWN, LLC**

PO Box 1837  
Columbia, SC 29202  
(803) 779-7777 (t)  
(803) 931-8989 (f)

July 24, 2006

Public Service Commission of South Carolina  
ATTN: Docketing Department  
Post Office Drawer 11649  
Columbia, SC 29211

To Whom It May Concern:

Please find enclosed an Application for Certification of Public Convenience and Necessity for Operation of Motor Vehicle Carrier. Please feel free to call me at 803.744.6871 if you have any questions for need any further information to complete the application process.

Thank you,

**DOUBLE DOWN, LLC**

*Monika Kaus*

Monika Kaus  
Assistant to Harold V. Pickrel, III